

MARION COUNTY SHERIFF'S OFFICE

VOLUNTEER APPLICATION



Return to: Marion County Sheriff's Office
P.O. Box 1987, Ocala, FL 34478

Name: _____

Last

First

Middle

Address: _____

City

State

Zip Code

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Position/Group Applying For: _____

Have you ever filed a volunteer or employment application with us? ____ Yes ____ No



MARION COUNTY SHERIFF'S OFFICE

Volunteer Services



Thank you for applying as a volunteer with the Marion County Sheriff's Office. Please follow the instructions and fill out **completely** so we may ensure consideration of your application. After you complete your application you may mail it (PO Box 1987, Ocala FL 34478 Attention: Volunteer Coordinator) or if you prefer, you may drop it off at any of the Sheriff's District Offices or Central Operations.

Please ensure the application is complete and does not contain any omissions. To be considered, **all** support documents must be attached to the application to include: (copies should be printed on letter size paper, 8 1/2 X 11)

- A copy of your Birth Certificate or valid Passport
- A copy of Driver License front and back
- A copy of your Social Security Card
- **Notarized** FDLE Authority for Release of Information (Background Investigation Waiver)
- Military discharge & DD-214 (if applicable)
- Any other documents which reflect on your eligibility for a volunteer position with the Sheriff's Office

Any areas of the application which does not apply to you, please mark as N/A. Where it asks for addresses, please be sure to put complete and current street addresses, no post office boxes, include zip codes and telephone numbers with the area code.

Applications that are not complete may not be considered.

Should you have any questions contact the Volunteer Coordinator at (352) 369-6761

REQUIREMENTS

- Must be at least 19 years of age
- Must not have been convicted of any felony or misdemeanor involving perjury or false statement
- Never received a dishonorable or undesirable discharge from any of the Armed Forces of the United States
- Have good moral character as determined by a background investigation
- Must possess a valid Driver license
- Must be able to perform physical requirements and expectations for MCSO volunteers
- Must volunteer a minimum of 48 hours per calendar year (4 hours a month)
- Physical clearance for C.O.P.S. Volunteers, Physical clearance & drug screen for Funeral Escort Unit & Mounted Unit, Drug screen for Clerical and Bailiff positions.

AUTOMATIC DISQUALIFIERS

The Marion County Sheriff's Office Volunteer Services Program will NOT consider the application of any individual who:

- Has been convicted of any offense that would be a felony if committed in Florida
- Has used illegal drugs within the past five (5) years
- DUI in the past five (5) years
- Three (3) or more at-fault accidents/moving violations in the past three (3) years
- Has sold marijuana or other illegal drugs
- Has falsified his or her application, including the omission of required information

An arrest may not be disqualifying in and of itself. Applicants will be considered on a case by case basis.

FELONY CONVICTIONS

Any individual convicted of a felony shall be ineligible for appointment to the Office of the Sheriff pursuant to Florida Statute 943.13. A felony is defined by Florida law as any offense for which a person may received one (1) year of confinement in a state or federal institution

OTHER CONVICTIONS

With respect to all other criminal convictions which are not felonies, each case will be considered on an individual basis. Consideration will be given to the date and nature of the offense, the requirements of the position for which the applicant is being considered, as well as the applicant's other qualifications.

CONFIDENTIALITY

Pursuant to Florida Statutes 119, the Public Records Act, documents made or received by the Office of the Sheriff in the course of processing this application may be considered to be public record and open for inspection by the public. Some records, such as examination question, answers and reference information, are not public records and may not be disclosed.

Prison Rape Elimination Act (PREA) Guidelines

PREA is a Federal law created to address the problem of sexual abuse and misconduct in all correctional facilities. PREA applies to federal, state and local institutions. This includes prisons, jails, court holding facilities, police lockups, immigration detention facilities, military holding facilities, and community correctional settings. Additionally, PREA applies across the board to both public and private facilities, as well as adult and juvenile facilities.

As a practitioner-volunteer with the Marion County Sheriff's Office, you are mandated to uphold and be compliant with MCSO's **zero tolerance policy** of all forms of sexual abuse of inmates by: other inmates; staff; practitioners; volunteers; contractors; or individuals having responsibility for the safety, security, care and/or treatment of inmates. You have the **duty to report** incidents where staff, practitioners, volunteers or contractors are sexually involved with or sexually harassing an inmate.

1. Have you ever engaged in sexual abuse or sexual harassment of an inmate in a prison, jail, juvenile facility, or other institution? _____ Yes _____ No

If yes, please explain in detail: _____

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? _____ Yes _____ No

If yes, please explain in detail: _____

3. Have you ever been civilly or administratively adjudicated to have engaged in any activity described above? _____ Yes _____ No

If yes, please explain in detail: _____

PERSONAL DATA

List all names you have used including nicknames. If female, furnish maiden name. If you ever used any surname other than your true name, during what period and under what circumstances were these names used? _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Social Security #: _____ Your SS# is required to perform a background check. This information will not be shared with an outside party or source.

Driver's License #: _____ State: _____ Expiration Date: _____

List current and previous addresses for the past five (5) years:

Street City State Zip Dates & How long?

Street City State Zip Dates & How long?

Street City State Zip Dates & How long?

Street City State Zip Dates & How long?

High School Name: _____ Year: _____

City, State: _____ Grade Completed: _____

College Name: _____ Year: _____

City, State: _____ Years Completed: _____

College Name: _____ Year: _____

City, State: _____ Years Completed: _____

Degree(s) Earned: _____ Major(s): _____ Minor(s): _____

Military History

Branch: _____ Dates of Service: _____ Rank attained: _____

List any languages, other than English, which you speak or write fluently: _____

Are you now or have you ever been a member of any foreign or domestic organization or group that advocates or approves the commission of acts of force or violence which denies other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

Present Employer:

Name

Address

Job Duties

Employment Dates

Contact Person

Phone Number

Previous Employer:

Name

Address

Job Duties

Employment Dates

Previous Employer:

Name

Address

Job Duties

Employment Dates

Personal and Neighborhood References: (Please list 2 for each)

1. Name: _____ Phone Number: _____

Street Address: _____

2. Name: _____ Phone Number: _____

Street Address: _____

3. Name: _____ Phone Number: _____

Street Address: _____

4. Name: _____ Phone Number: _____

Street Address: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Please fill out completely those questions which apply to you.

If one does not apply to you, please mark as N/A.

Applications that are not complete may not be considered.

I understand that Marion County Sheriff's Office volunteers are not authorized to carry or be in possession of any weapons while in a Marion County Sheriff's Office volunteer vehicle or while on duty, even if they possess a concealed weapons permit. _____ (Initial)

Please list any special skills, training, interests or hobbies you have that may be useful to the Sheriff's Office (i.e. two-way radio, computers, investigative skills, search and rescue):

Please list any current or previous volunteer activities you have participated in:

How did you learn about volunteer opportunities at the Marion County Sheriff's Office?

Have you **ever** been arrested, detained, stopped, questioned, or held for interview by any law enforcement agency for any reason, including minor traffic violations? Yes No

If so, explain: _____

Has your driver's license ever been canceled, suspended, revoked or voluntarily surrendered? Yes No

If so, explain: _____

Have you used or possessed, within the last five years, any controlled substance such as marijuana, cocaine, crack, heroin, or any other illegal substance? Yes No

Have you ever been counseled for drug or alcohol abuse? Yes No

If yes, list dates of use and drug type: _____



VOLUNTEER APPLICATION CERTIFICATION



Must be Notarized

I understand that my volunteer work for the Office of the Sheriff will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as a volunteer applicant or my dismissal from the Sheriff's volunteer program. I agree to these conditions and certify that all statements made by me on this application are true, correct and complete to the best of my knowledge.

I understand that I may be fingerprinted, and understand that this volunteer application shall become the property of the Sheriff's Office and that it and the information received in the background information may be public record.

I understand that the use of drugs or alcohol is not permitted during work hours whether paid or unpaid. I understand the position I am applying for is a non-confrontational volunteer position and that I am not to carry any type of firearm, weapon, or take any confrontational actions while on duty.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability for volunteer work with the Sheriff's Office.

I understand there is a requirement to volunteer a minimum of 48 hours per calendar year. After six (6) consecutive months of inactivity, I will be required to fill out a new application to be reinstated as a volunteer.

I agree to conform to the rules, regulations and order of the Sheriff's Office. I acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Office of the Sheriff, at its discretion, at any time without prior notice to me.

Applicant's Signature

Date

AFFIDAVIT

State of Florida, County of _____ Subscribed and Sworn to (or affirmed) before me on this _____ day of _____ by _____ (name of affiant). He/she is personally known to me or has presented _____ (type of identification) as identification.

Signature

Name (printed or typed)

Title

Commission Number

Expiration Date



DRUG CERTIFICATION FORM



I, _____, an applicant with the Marion County Sheriff's Office, hereby certify that I am not currently using, taking or injecting any illegal drug, narcotic, marijuana or any other habit forming substance without such substance being lawfully prescribed by and under the direction of a licensed medical doctor.

I understand and agree that falsification or misrepresentation with respect to this certification will disqualify me from consideration as a volunteer.

Applicant's Signature

Date

APPLICANT DRUG TESTING CONSENT FORM

I understand that as a part of the screening process, the Office of the Sheriff will conduct an in-depth background investigation in an effort to determine my suitability to fill the position for which I have applied and may include drug testing.

In keeping with the efforts of the Office of the Sheriff to identify the individuals best fit for the law enforcement service, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood.

I understand that refusal to supply the necessary samples may be grounds for rejection of my volunteer application. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the screening process to determine my eligibility for the position for which I have applied. Drug test results under this policy will not be disclosed for the purpose of criminal prosecution.

Applicant's Signature

Date



MARION COUNTY SHERIFF'S OFFICE
VOLUNTEER PROGRAM
Letter of Understanding



As a volunteer working with the Marion County Sheriff's Office, I agree to the following:

1. To obey the laws of the State of Florida and the County of Marion.
2. Not to use my position as a volunteer for personal gain.
3. That the identification badge and any other volunteer issued items which will be issued to me is the property of the Marion County Sheriff's Office and must be surrendered to the Sheriff's Office upon demand.
4. To use the identification badge only for the purpose for which it was issued, namely:
 - (a) To identify myself as a volunteer at various specified functions.
 - (b) To identify myself while in the confines of the Marion County Sheriff's Office facilities.

I understand that any violation of the above guidelines may be grounds for surrender of the identification badge and may also be grounds for the severance of my relationship as a volunteer with the Marion County Sheriff's Office.

Name _____ Date _____
(Please Print)

Address _____
City State Zip Code

Signature _____



LIVE SCAN INFORMATION FORM

**** USE WITH ALL FINGERPRINT CARDS ****

Last Name: _____ Suffix: _____

First Name: _____

Middle Name: _____ Sex: Male Female

Alias, Nick, and/or Maiden Name(s): _____

For Race: Please choose one of the following:

Oriental/Asian Black Indian/Alaskan Native White Unknown

Height: _____ ft. _____ inches Weight: _____ lbs. Eye Color: _____

Hair Color: _____ Date of Birth: ____/____/____ Social Security #: _____

Place of Birth: _____ Citizenship: _____

Address: _____
Street Name and Apt. Number City State Zip Code

Phone Numbers:
Home (____) _____ Work (____) _____ Cell (____) _____

Email Address: _____

Date: _____



AUTHORIZATION FOR DISCLOSURE OF SOCIAL NETWORKING INFORMATION

I, _____ (Please print legibly) give my permission for the Marion County Sheriff's Office to have access to my personal social networking accounts. If my accounts are set to "private" I will log into the account in the presence of the Background Investigator and allow him or her to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal networking account(s) is part of my background investigation. Any information that is racist, sexist, or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Marion County Sheriff's Office.

I understand that refusal to allow the Marion County Sheriff's Office access to my personal social networking account(s) will disqualify me from further consideration for affiliation with the Sheriff's Office.

By signing this document, I am agreeing to provide the Marion County Sheriff's Office immediate access to my personal social networking account(s).

_____ I do not have a social networking account

_____ I authorize the Marion County Sheriff's Office access to my social networking account(s)

_____ I do not authorize the Marion County Sheriff's Office access to my social networking account(s)

Candidate Signature

Date

Social Networking Account Name _____

Additional Social Network Account Names _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Marion County Sheriff's Office
ADDRESS: PO Box 1987, Ocala, FL 34478

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____. By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____